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## \*BIBDATASHEET\*

CONFIRMATION NO. 7445

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/084,063	<b>FILING OR 371(c) DATE</b> 02/28/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 11641/39
<b>APPLICANTS</b> Rocco Casagrande, Newton, MA; Evelyn Wang, Haddonfield, NJ; Gregory Kirk, Winchester, MA; Michael Nussbaum, Newton, MA; Enoch Kim, Boston, MA; Aaron Raphel, Somerville, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/307,843 07/27/2001 and claims benefit of 60/334,593 12/03/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/27/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 217
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> 23838				
<b>TITLE</b> DEVICE FOR MAGNETIC IMMOBILIZATION OF CELLS				
<b>FILING FEE RECEIVED</b> 2516	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	